

1. Legal Name of Organization: _____

a. Doing Business As (DBA) Names: _____
(If applicable)

b. Former Names Used by the Charity: _____
(If applicable)

c. Organization's Website: _____
(If applicable)

d. Please provide a contact person for your organization:

Name Title

Address, City, State, Zip Code

Daytime Phone Email

2. Physical address of your organization:

Street Address, City, State, Zip Code

3. Purpose for which this organization was formed: _____

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

CHIEF FINANCIAL OFFICER / TREASURER

Print Name

Signature Date

Mailing Address

City, State, Zip

Phone Number

CHIEF EXECUTIVE OFFICER / PRESIDENT

Print Name

Signature Date

Mailing Address

City, State, Zip

Phone Number